## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/553743

1		CLAIMS	AS FILED -	OHALL DAY	-								
			•	(Column 1)		(Column 2)		SMALL ENT	/ITY	OR	OTHER SMALL	THAN ENTITY	
U.S. NATIONAL STAGE FEES			<u> </u>					RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL ENT	SMALL ENT. = \$ 150		GE ENT. = \$ 300	7	BASIC FEE	150	OR	BASIC FEE	<del> </del>	
EXAMINATION FEE			(4) ≈ \$.50	Satisfies PCT Article 33(1)- (4) = \$.50/\$100		other situations = \$ 100 / \$ 200	1	EXAM. FEE	100	1	EXAM. FEE	<del> </del>	
SEARCH FEE			U.S. is ISA = ; ALL other co	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		other situations = \$ 250 / \$ 500	1	SEARCH FEE	700		SEARCH FEE	-	
FEE FOR EXTRA SPEC. PGS.			min	minus 100 =		/ 50 =	1	X \$ 125 = .		1	X \$ 250 =	<del> </del>	
TOTAL CHARGEABLE CLAIMS			29 mi	29 minus 20 =		7	1	X \$ 25 =	225	OR	X \$ 50 =	<del> </del>	
INDEPENDENT CLAIMS			3 m	3 minus 3 = .		<del></del>	1	X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT				1	+ \$ 180 =		OR	+ \$ 360 =	<del> </del>	
* If	the difference	e in column 1 is i	less than zero	o, enter "C	)" in cc	olumn 2	1	TOTAL		OR	TOTAL	<del> </del>	
											L		
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
πA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO		PRESENT EXTRA	, ,	RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL	
AMENDMENT	Total	*	Minus	##	PUR	=		X \$ 25 =	PER	OR	X \$ 50 =	FEE	
MEN	Independent	*	Minus	***		=			<u></u>				
4		<u> </u>	<u> </u>	<u> </u>	~ 414.4	<u> </u>		X \$ 100 =		OR	X \$ 200 =	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
	•				-			TOTAL ADDIT. FEE	·	OR	TOTAL ADDIT. FEE		
	• •	(Onlymen 4)											
—		(Column 1) CLAIMS	<del></del>	(Colum		(Column 3)		· · · · · · · · · · · · · · · · · · ·		. •	·		
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		= .		X \$ 25 =		OR	X \$ 50 =		
AMENDM	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
			<del></del>	***************************************		<del></del>	. <b>.</b>	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		•						/ CL			ree L	-	
:		. 3							•				

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.